12. VOLUNTEER DRIVER QUESTIONNAIRE
FLORIDA CONFERENCE OFFICE OF EDUCATION
(Keep on file at the local school)

Name _____ Are you over 21? Yes ☐ No ☐

Address _____

City _____ St. _____ Zip _____

_____ Home Phone _____ Cell Phone _____ Work Phone

Driver's License # _____

State in which license is held _____ Expiration Date _____

Do you have a current auto insurance policy? Yes No

Carrier _____ Expiration Date _____

Liability Limit $ _____ Medical/PiP Limit $ _____

Have you been involved in any at fault accidents within the last three years? ☐ Yes ☐ No

If yes, describe:

Have you been cited for any moving violations within the last three years? ☐ Yes ☐ No

If yes, describe:

I understand that should I be involved in an accident while driving for the school, **my** insurance will be primary.

Further, I agree to not carry more passengers than the official rated load capacity for my vehicle. All vehicle occupants will be required to wear seat belts (no double belting allowed.) I will follow all manufacturers' instructions regarding children and airbags.

_____ Driver's Signature _____ Driver's Printed Name

_____ School _____ Date